

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 153515 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 11/04/2013 | |
| NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH ADULT DIALYSIS CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2140 N CAPITOL ST INDIANAPOLIS, IN 46202 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {V 000} | <p>INITIAL COMMENTS</p> <p>This visit was a follow-up to the ESRD federal recertification survey that was conducted on 9/18-25/13.</p> <p>Survey date: November 4, 2013</p> <p>Facility: 003229</p> <p>Medicaid Vendor: 200383830</p> <p>Surveyor: Susan E. Sparks, RN, PHNS</p> <p>Four Conditions for Coverage and 27 standard level deficiencies were corrected with this survey.</p> <p>Indiana University Health Adult Dialysis Center is in compliance with the Conditions for Coverage 42 CFR Part 494.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN November 5, 2013</p> | | | {V 000} | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | | TITLE | | (X6) DATE | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.